



Nebraska State Fire Marshal
Fuels Division – FLST Section
246 South 14th Street – Lincoln, NE 68508-1804
(402) 471-9465

Application for Permit to Permanently Close Underground Storage Tanks and / or Piping

Tank Owner			Tank Location		
Owner/Operator			Facility Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone #			Telephone #		
Closure Information					
Facility ID #: _____ (Tanks must be registered and all registration fees paid prior to issuance of a closure permit.)					
Projected tank closure date: _____ (Closure Assessment Report will be due 45 days after closure and is based on the date indicated. If this date changes, notify us at (402) 471-9475.)					
How many tanks are being closed? _____ Tanks Only: <input type="checkbox"/> Piping Only: <input type="checkbox"/> Both: <input type="checkbox"/>					
List Tank ID#s _____ If out of use, what was the year last used? _____					
Type of Tank Closure: Removal <input type="checkbox"/> Closure in Place <input type="checkbox"/>					
Will the tank(s) be reused? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, specify whether the usage be underground <input type="checkbox"/> or aboveground <input type="checkbox"/>					
Give the physical address where the tanks will be used: _____					
Will the tank(s) be replaced with new tanks? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, specify whether the replacement will be with underground <input type="checkbox"/> or aboveground <input type="checkbox"/> tanks					
Type of Piping Closure: Removal <input type="checkbox"/> Closure in Place <input type="checkbox"/>					
Will the piping be replaced? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Licensed Closure Contractor			Certified Closure Individual		
Name			Name		
Address			Certification #		
City	State	Zip Code	Expiration Date		
Telephone #	License #	Expiration Date	Telephone #		

(continued on reverse side)

Closure Assessment

Will a CLOSURE ASSESSMENT be performed in accordance with Title 159? Yes ☐ No ☐

If yes, what other contractors / laboratories will be involved? _____

If no, check the reason for not performing the assessment:

- ☐ On-going investigation by Nebraska Department of Environmental Quality
- ☐ Tank(s) taken out of service prior to July 17, 1986 and property owner never used tank(s)
- ☐ Other (specify) _____

Disposal

1. Will the tanks be emptied and cleaned by removing all liquids and accumulated sludge? Yes ☐ No ☐
2. Will all liquids and sludges be recycled/disposed of in accordance with state and local regulations? Yes ☐ No ☐
3. Where will the liquids and sludges be disposed? (Give physical address)

Where will the contaminated soil be disposed? (Give physical address)

4. If tanks and/or piping are removed, where will they be disposed? (Give physical address of final destination)

5. If tanks are closed in place, indicate the type of inert material to be used: _____

Application Submitted By:

Print Name: _____

Signature: _____ Date: _____

All Underground Storage Tank Systems shall be closed in accordance with Title 159, State Fire Marshal Underground Storage Tank Rules and Regulations.

Failure to answer all pertinent questions may cause us to return your application for completion and may delay issuance of the permit.